

**City of Somerville Child Care Access and Affordability Program
Financial Assistance Application**

The City of Somerville Child Care Access and Affordability Program awards financial assistance to support the cost of preschool & child care for Somerville residents. Assistance is provided at child care programs that have partnered with the City of Somerville. Partners for the 2022-23 school year are still being selected.

Previous pilot partners included: The Elizabeth Peabody House Preschool, The Somerville YMCA Preschool, Dandelion Montessori, Open Center for Children, Bigelow Cooperative Daycare Center, Tree House Academy, and Pooh and Friends Childcare.

Minimum Eligibility:

- Children must be 15 months to 4 years old by August 31, 2022
- Family income must not exceed the amount in the chart below

Family Income Guidelines							
Household Size	2-person	3-person	4-person	5-person	6-person	7-person	8-person
Income Limit	\$80,850	\$90,950	\$101,050	\$109,150	\$117,250	\$125,350	\$133,400

Applications are due on March 11, 2022. Applications received after this date will only be considered if there are additional spaces available.

The Child Care Access and Affordability staff will review the responses in your completed application to determine eligibility. Please respond with as much information as possible to help the staff get a clear picture of your eligibility.

If you are selected for financial assistance, you will receive more information from the SomerPromise Youth and Family Resource Navigator, Lara Versari, regarding availability at our partner child care programs. Please note that due to the volume of applications, we may not be able to offer financial assistance to all eligible families. If you are eligible, but not selected, you will be informed of your status on the waitlist.

Due to the emergency need resulting from the COVID-19 pandemic, family fees will be waived for the 2022-2023 school year. In an effort to sustain the program and increase family access in years going forward, families will be responsible for contributing a portion of the cost of their child's care, which will be based on a sliding fee scale.

Completed applications can be returned by mail to the address on the following page, or, scanned and emailed to lvorsari@somervillema.gov.

-Please continue to the next page-

Mailing Address:

2022-2023 Financial Assistance Eligibility Application

SomerPromise Department
Edgerly Building
Attn: Lara Versari Room 101
8 Bonair Street.
Somerville, MA 02145

The City of Somerville and Somerville Public Schools are committed to protecting the information and rights of our children and families. The information you provide in this application will be used solely to determine eligibility and will be kept confidential.

If you have any questions about the form or require any assistance completing the application, please contact Lara Versari at 617-625-6600 ext.2346 or lversari@somervillema.gov.

Family Information

Please provide information below about the child for whom you are seeking support and the primary adults providing care and/or financial support for the child.

Child's Name: _____
First Name Last Name

Child Date of Birth: _____ Place of Birth _____
mm/dd/yyyy City, State, Country

Do you currently receive a childcare voucher or scholarship for your child? ☐ Yes ☐ No

Is your child currently in a child care or preschool program? ☐ Yes ☐ No

If yes, where?

Does your child have special needs? ☐ Yes ☐ No

If yes, describe the needs and any services your child receives.

-Please continue to the next page-

Is there anything else you want to tell us about your child?

Parent / Guardian / Relative #1

First Name	Middle Initial	Last Name
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Date of Birth: _____ Place of Birth _____
mm/dd/yyyy City, State, Country

Relationship to child _____

Address: _____
Street Number Street Name Apartment Number

Zip Code: _____

Phone Number: _____ ☐ Cell ☐ Work ☐ Home

Email Address: _____

Primary Home Language: _____

Would you like a translator? ☐ Yes ☐ No

Are you working? ☐ Yes ☐ No

Are you seeking employment? ☐ Yes ☐ No

Are you a student? ☐ Yes ☐ No

What is the highest level of education you completed:

- ☐ Grade School ☐ Some High School ☐ High School Graduate/GED
☐ Bachelor's Degree ☐ Post Graduate Degree ☐ Other _____

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Parent / Guardian / Relative #2

First Name	Middle Initial	Last Name
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2022-2023 Financial Assistance Eligibility Application

Date of Birth: _____ Place of Birth _____
mm/dd/yyyy City, State, Country

Relationship to child _____

Address: _____
Street Number Street Name Apartment Number

Zip Code: _____

Phone Number: _____ ☐ Cell ☐ Work ☐ Home

Email Address: _____

Primary Home Language: _____ Is a translator needed? ☐ Yes ☐ No

Are you working? ☐ Yes ☐ No

Are you seeking employment? ☐ Yes ☐ No

Are you a student ? ☐ Yes ☐ No

What is the highest level of education you completed:

- ☐ Grade School ☐ Some High School ☐ High School Graduate/GED
☐ Bachelor's Degree ☐ Post Graduate Degree ☐ Other _____

Eligibility Information

The Child Care Access and Affordability Program considers many factors when determining eligibility. Please help us understand your eligibility by filling in the information below.

Please provide your gross monthly **and** annual income. If your income fluctuates month to month, please provide an average.

Monthly Income _____ **AND** Annual Income _____

Please provide the combined income for all adults financially supporting the child.

-Please continue to the next page-

Total number of people in the household: _____

Total number of children under the age of 5 in the household: _____

Please check the box that best describes your family type:

2022-2023 Financial Assistance Eligibility Application

- ☐ Single Parent
- ☐ Two Parent Family
- ☐ Child in Care of Guardian
- ☐ Foster Family
- ☐ Other _____

Other factors that could make a child eligible for tuition assistance include the list provided below. If you would like to share this information, please check the box for any of the situations that apply.

- ☐ Currently experiencing homelessness or housing insecurity
- ☐ DCF involvement/Foster care placement
- ☐ Parent incapacitation
- ☐ Parent disability
- ☐ Parent incarceration
- ☐ Parent Deployed Veteran

Is there anything else you would like for us to consider about the information you provided above or other challenges your family is facing?

☐ Please check here if you would like to be connected with the SomerPromise Youth and Family Resource Navigator to receive referrals related to any of the challenges you are experiencing.

Parent/Guardian signature _____ **Date** _____

-End of application-